**Right to Life of Indiana**

**2023 Annual “Legacy of Life” Banquet Ticket/Table Reservation Form**

Office use only:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Monday, May 8, 2023**

**The Venue at Brookstone**

**1210 W. Alto Road, Kokomo, IN 46992  
Doors open at 6:00 p.m.; dinner at 6:30 p.m.**

**Emcee: Randy Maurer  
Keynote speaker: Linda Znachko**

**Tables are $280 per table for 8 persons**

**1. Please indicate the total number of tables you are reserving**:

□ I am reserving \_\_\_\_\_ table(s) for the 2023 Legacy of Life banquet.

□ I am purchasing \_\_\_\_\_ tickets at $35 per ticket.

**($30 per ticket if purchased before April 15)**

□ ***Total due (# of tables x $280) or (# of tickets x $35)*** = \_\_\_\_\_\_

**(Or $240 per table if purchased before April 15)**

**2. If reserving tables, please indicate your reservation option:**

□ I am **hosting** the table(s). (I will fill the table and each guest will pay individually.)

□ I am **sponsoring** the table(s). (I will fill the table and pay for all reservations.)

□ I wish to be a **banquet sponsor** (we will contact you regarding booklet ad)

**\_\_\_\_Gold - $500** (4 banquettickets, full page ad in program booklet, and acknowledged on screen during banquet)

**\_\_\_\_Silver** **- $250** (2 banquet tickets, 1/2 page ad in program booklet, and acknowledged on screen during banquet)

**\_\_\_\_Bronze - $100** (1 banquet ticket, 1/4 page ad in program booklet)

**3. Please indicate your payment option:**

□ My check is enclosed **(make check payable to Indiana Right to Life)**.

□ I will collect individual checks and turn in full payment by April 29, 2023.

□ Please charge my Visa/Mastercard.

Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp\_\_/\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form may be faxed to 574-975-2744 or sent by mail to:  
Indiana Right to Life,1906 Hamilton Blvd. Winona Lake, IN 46590  
For more information call 574-551-0239 or e-mail davekoontz@protectinglife.com